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CONFIRMATION NO. 3951

<b>SERIAL NUMBER</b> 10/618,267	<b>FILING OR 371(c) DATE</b> 07/14/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 001107.00355
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**APPLICANTS**  
 Jonathan Schneck, Silver Spring, MD;  
 Mathias Oelke, Baltimore, MD;  
*OK/MD*

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/395,781 07/12/2002 *OK/MD*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*NONE/MD*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 10/16/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>M. O.</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 142	<b>INDEPENDENT CLAIMS</b> 9
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**ADDRESS**  
22907

**TITLE**  
Reagents and methods for engaging unique clonotypic lymphocyte receptors

<b>FILING FEE RECEIVED</b> 1806	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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